

Addiction Is a Brain Disorder & Disruption of The Neurotransmission

EVIDENCE BASED PRACTICES (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more...

Consistency in the Group Setting

The importance of *consistency* in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *THE BASICS, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not “*grade*” an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of APPENDICES (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a “familiar topic” yet with a “present-day” focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any “present education-interact/discuss – present education-interact/discuss” combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *THE BASICS, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:



1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
 2. Reading an inspirational or humorous curriculum handout from *THE BASICS, Second Edition*, or
 3. Practicing a deep breathing or a stretching exercise, *or*
 4. Sharing of one thing that each person is grateful for today, *or*
 5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, *or*
 6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.
- * Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic


Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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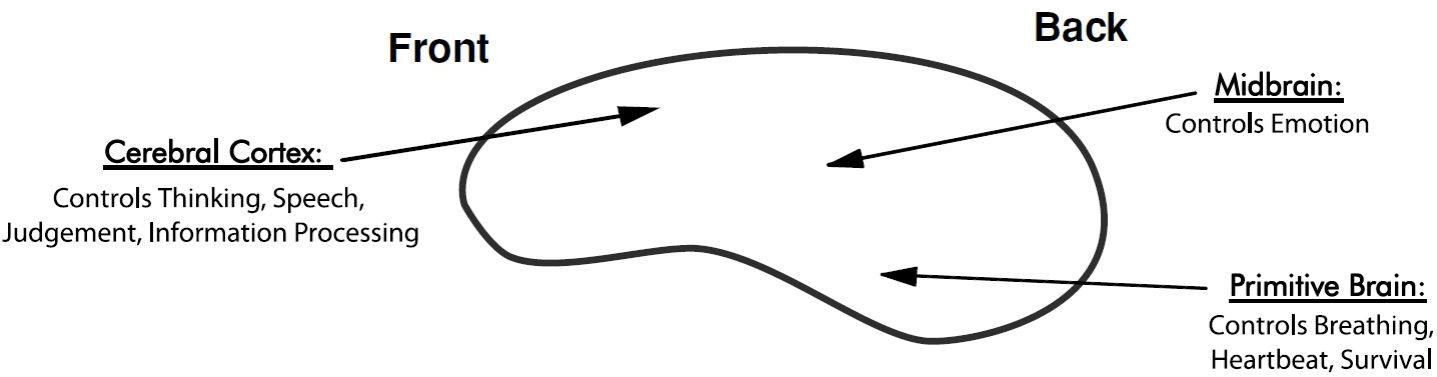
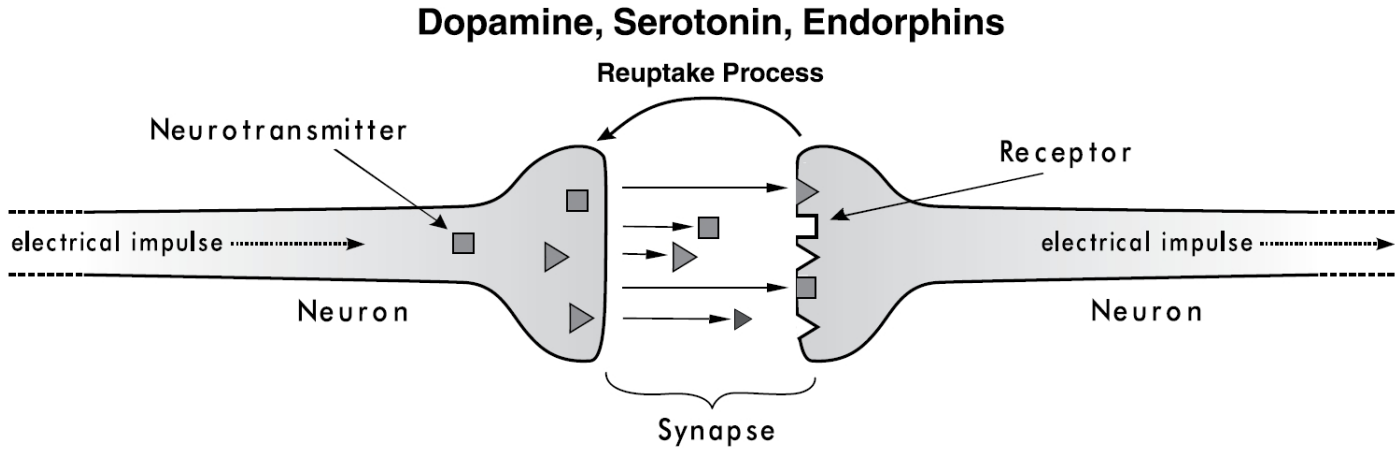
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Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	20 Minutes Total
Positive group beginning (suggestions are located on the previous page).	5 Minutes
<ol style="list-style-type: none"> 1. Brief Group Introductions: (Note: The <i>interactions</i> in a psychoeducational group are discussions about the <i>topics</i>, not interpersonal processing or case management questions which do not apply to the entire group.) <ol style="list-style-type: none"> a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): <ol style="list-style-type: none"> a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members. 	10 Minutes 
<p><u>Summarize Introduction of the Group Topic and Why It's Important (Subject 3-28):</u></p> <p>People often have trouble understanding that addiction is not an issue of choice, willpower, character, or morality. Addiction is a brain disorder produced by addictive substances and activities, like gambling, in a genetically vulnerable brain. The major feature of addiction is the inability to consistently control the use of the addictive substance or limit the activity.</p> <p>Today we will talk about why addiction is known to be a disorder of the brain...an organ of the body. It's not important to remember any of the brain chemistry terms like "neurotransmitter" or "endorphins" or even what any of these actually <i>do</i> in the brain. The only important goal today is to take away a general understanding that there is a difference in the brain chemistry of those who develop Substance Dependence and other drug dependencies and the brain chemistry of those who don't. That means dependency is the result of differences in brain chemistry – even <i>before</i> use.</p> <p>Approximately 10% of the population <i>without</i> a family history of substance dependence in their first and/or second generation relatives will develop addiction. Yet there is a <i>much greater</i> vulnerability among individuals who <i>do</i> have relatives with substance dependence disorders. A brain that is more vulnerable to addiction means the person has a much higher risk of experiencing an <i>addictive response</i> when they use alcohol and other drugs. Yet vulnerability is not certainty. Even a brain that is at a higher risk – 35% for example – for chemical dependency still has a 65% chance of <i>not</i> developing dependency.</p> <p>How do we know if a person with higher risk actually <i>does</i> have an addictive disorder? We know because their brain responds totally different to substances when compared to people who have "typical" brain chemistry. These differences in the brain may not show up for many years, yet they're subtly there from the very beginning.</p>	5 Minutes 

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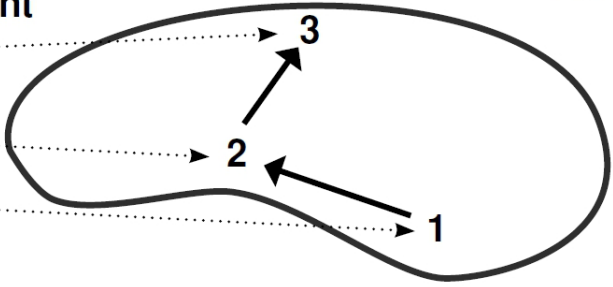
Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time- Frame
<p><u>To the Facilitator(s):</u></p> <ol style="list-style-type: none"> Group participants at all functioning levels are very interested in the neurochemistry of their disorders. Time and time again treatment participants say that gaining an overall understanding that psychiatric and substance disorders are predominately due to differences in brain chemistry is helpful to them in many ways. Neurochemistry education helps to alleviate guilt, lessen shame, and create a sense of community among individuals with the same disorders and similar brain chemistry. This then leads the way to realizing the importance of developing recovery skills that contribute to the healing of the brain – like nutrition. In this group it is important to discuss the basics of neurochemistry and how the brain works during “typical” neurotransmission. Yet it is <i>more</i> important to leave adequate time to discuss how the brain responds to alcohol and other drugs in the <i>addictive process</i> among individuals with the brain chemistry of chemical dependency. Yet balance is important. Too many details will make it more <i>confusing</i> than <i>understandable</i>. You are aiming for a <i>general</i> understanding that there are a number of differences in brain chemistry among people who have chemical dependency. This information has been well received, understood, and appreciated by individuals ranging from moderate to high acuity, severity, and symptomatology. Participants “get” the respect of providing information about the origins of <i>their</i> disorders – a respect we all appreciate and deserve from our providers. Participants also get the general idea that there are differences in brain chemistry for those <i>with</i> and <i>without</i> these disorders. It can appear there is more information in this group than time will allow. The main reason for this is because there are many graphics in the lesson plan. Remember, the material is to be greatly summarized to meet the primary goal of <i>general</i> understanding. 			<p>30 Minutes</p> 
Addiction Is a Brain Disorder	Subject 3-28 – 3-29	Summarize the remaining three paragraphs of this section (the first paragraph is in the introduction on the previous page).	
Addiction Produces an Altered State of Compulsive Behavior	Subject 3-29	Summarize two paragraphs.	
Addition Is Found in Brain Chemistry Differences	Subject 3-29 – 3-30	Summarize three paragraphs.	
Basics of Brain Anatomy	Subject 3-30	Summarize four brief paragraphs and show the three sections of the brain: (It would be helpful to give a visual. You can either draw the graphic on the next page or point to your head - top, middle, and base.)	

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Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time- Frame
 <p>Front</p> <p>Back</p> <p>Cerebral Cortex: Controls Thinking, Speech, Judgement, Information Processing</p> <p>Midbrain: Controls Emotion</p> <p>Primitive Brain: Controls Breathing, Heartbeat, Survival</p>			continued
The Basics of How The Brain Works	Subject 3-31	<ol style="list-style-type: none"> 1. Summarize two brief paragraphs. 2. Illustrate the graphic below to give the group a visual: 	
 <p>Dopamine, Serotonin, Endorphins</p> <p>Reuptake Process</p> <p>Neurotransmitter</p> <p>Receptor</p> <p>Neuron</p> <p>Synapse</p> <p>Neuron</p> <p>electrical impulse</p> <p>electrical impulse</p>			
Process of Neurotransmission	Subject 3-32	<ol style="list-style-type: none"> 1. Summarize information in the table from the text. 2. Summarize two brief paragraphs. 	
To the Group: What questions or comments do you have?			
Break			10 Minutes





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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing																								
Standard Neurotransmission Activity Involved in the Addictive Process	Subject 3-32	Simply name the neurotransmitter, what each serves as, and the results when neurotransmission is working properly:	<div style="text-align: center;"> 10 Minutes </div> 	<div style="text-align: center;"> 15 Minutes </div> 																								
<table border="1"> <thead> <tr> <th data-bbox="117 334 625 386">Neurotransmitter</th> <th data-bbox="625 334 1129 386">Serves As...</th> <th data-bbox="1129 334 1640 386">Working Properly Results In...</th> </tr> </thead> <tbody> <tr> <td data-bbox="117 386 625 430">DA (Dopamine)</td> <td data-bbox="625 386 1129 430">reward and pleasure</td> <td data-bbox="1129 386 1640 430">sense of well-being</td> </tr> <tr> <td data-bbox="117 430 625 474">NE (Norepinephrine)</td> <td data-bbox="625 430 1129 474">arousal</td> <td data-bbox="1129 430 1640 474">energy, motivation, drive</td> </tr> <tr> <td data-bbox="117 474 625 518">SE (Serotonin)</td> <td data-bbox="625 474 1129 518">emotional stabilizer</td> <td data-bbox="1129 474 1640 518">rational emotions, self-esteem</td> </tr> <tr> <td data-bbox="117 518 625 561">GABA (Gamma Amino Butyric Acid)</td> <td data-bbox="625 518 1129 561">stress management</td> <td data-bbox="1129 518 1640 561">tranquilizer, calmness</td> </tr> <tr> <td data-bbox="117 561 625 605">END (Endorphins)</td> <td data-bbox="625 561 1129 605">physical pain management</td> <td data-bbox="1129 561 1640 605">produce feelings of pleasure</td> </tr> <tr> <td data-bbox="117 605 625 649">ENK (Enkephalins)</td> <td data-bbox="625 605 1129 649">emotional pain management</td> <td data-bbox="1129 605 1640 649">self-esteem, completeness</td> </tr> <tr> <td data-bbox="117 649 625 699">ACE (Acetylcholine)</td> <td data-bbox="625 649 1129 699">concentration</td> <td data-bbox="1129 649 1640 699">thinking, memory</td> </tr> </tbody> </table>					Neurotransmitter	Serves As...	Working Properly Results In...	DA (Dopamine)	reward and pleasure	sense of well-being	NE (Norepinephrine)	arousal	energy, motivation, drive	SE (Serotonin)	emotional stabilizer	rational emotions, self-esteem	GABA (Gamma Amino Butyric Acid)	stress management	tranquilizer, calmness	END (Endorphins)	physical pain management	produce feelings of pleasure	ENK (Enkephalins)	emotional pain management	self-esteem, completeness	ACE (Acetylcholine)	concentration	thinking, memory
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Identification of The Reinforcement or Reward Pathway	Subject 3-33	Summarize paragraph.																										
The Mesolimbic System and the Medical Forebrain Bundle	Subject 3-33	Draw a graphic on the board or point to the area above your ear. Summarize paragraphs and table:																										
<div style="text-align: center;"> <p>Front Back</p>  <p>“Like” Pathway→ 3</p> <p>“Want” Pathway→ 2</p> <p>“Need” Pathway→ 1</p> </div>																												
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The Effects of Addictions on The Reward Pathway	Subject 3-33 – 3-34	Summarize four paragraphs.																										
Psychiatric Medications Are Not The Same as Drugs of Abuse	Subject 3-34	Summarize paragraph.																										

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Psychoeducation Part II: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing															
“Stop” and “Go” Chemistry Determines Drug of Choice	Subject 3-34	Summarize three paragraphs.																	
Laboratory Animals Lead the Way in Research	Subject 3-38	Summarize three paragraphs.			20 Minutes	25 Minutes													
How Specific Drugs Affect the Brain	Subject 3-38 – 3-39	Summarize information in table.																	
To the Group: What questions or comments do you have?																			
Balance and Down Regulation of Natural Brain Chemicals	Subject 3-39	Summarize paragraph.																	
Result of Reduced Neurotransmitters and Receptor Sites	Subject 3-39 – 3-40	Simply name the neurotransmitter, what it serves as, and the results when it is <i>not</i> working properly.																	
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Psychoeducation Part II: Topics & Focus (continued)		Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Drugs Disrupt Neurotransmitter Activity	Serves As...	NOT Working Properly Results In...		continued	continued
alcohol, anabolic steroids, heroin and other opioids, marijuana, PCP	END (Endorphins) physical pain management	lack of adequate pain management, unable to experience pleasure			
alcohol, amphetamine, cocaine, marijuana, nicotine, LSD, PCP	ENK (Enkephalins) emotional pain management	emotional stress, sense of being incomplete, inferior, unworthy, inadequate			
Reaching Desired Results Becomes More Difficult	Subject 3-40 – 3-41	Summarize three paragraphs.			
Reaching Desired Results Becomes Impossible – Using Just to Feel “Normal”	Subject 3-41	Summarize paragraph.			
To the Group: What questions or comments do you have?					
Crisis Processing				Time-Frame	
<ol style="list-style-type: none"> 1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support. 				10 Minutes	
Group “Paper Work”				Time-Frame	
Group participants fill out Group Notes.				5 Minutes	
Group Closure				Time-Frame	
<ol style="list-style-type: none"> 1. Ask group participants how this information that alcoholism and other drug addiction is located in the workings of the brain – not in character – can be helpful in their recovery?, <i>or</i> 2. Read a daily brief meditation for the day, <i>or</i> 3. Ask each group member to name something they are grateful for today, <i>or</i> 4. Ask a group member to read aloud an inspirational reading or message of your choice. 				5 Minutes	